## FILED Jan 08, 2007 08:00 AM Secretary of State

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000095512  1. Entity Name LIFENET CORPORATION					
Principal Place of Business 4649 PONCE DE LEON BLVD. STE 404 CORAL GABLES, FL 33146  Mailing Address 4649 PONCE DE LEON BLVD. CORAL GABLES, FL 33146			STE 404	 	1 80/18 10:05 8/101 87/01 80/18 87/08 11 17/01
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The state of the s			* * * *	5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	-		>
ARIAS, RAFAEL 4649 PONCE DE LEON BLVD. STE 404 CORAL GABLES, FL 33146					
001012 0	7,522,72 33173		m	96 - S. 196	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATI IRE					
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND DI	RECTORS	. ,5 · \$ · · .	State of the State of	
NAME STREET ADDRESS CITY-ST-ZIP	ARIAS, RAFAEL 4649 PONCE DE LEON BLVD. STI CORAL GABLES, FL 33146	₹ 404		a Chase la la ch	
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP				U0000 01/09/07	0578084 '-80015-008 150.00
TITLE NAME					the second
STREET ADDRESS CITY-ST-ZIP			4.	A Commence	
TITLE NAME				Cartifolish Cartifolish St.	the Common state of
STREET ADDRESS CITY-ST-ZIP			South No.		Andrew Adams
TITLE NAME				The second secon	
STREET ADDRESS CITY+ST+ZIP			and the second of		
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP			Mark of the state of the		San
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:					